

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Francesco Ciovacco, Chiara Savardi, Roberto Colombo

Title: PROCESS FOR FORMING TRENCHES WITH OBLIQUE PROFILE AND ROUNDED TOP CORNERS

Serial Number: 10/608,855

Filing Date: June 27, 2003

RECEIVED

Examiner/Unit: 2811

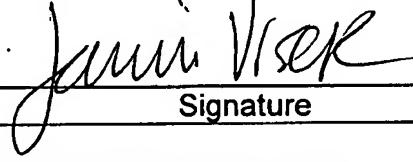
FEB 12 2007

Attorney Docket No.: 2110-47-3

OFFICE OF PETITIONS

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9th day of February, 2007.


Signature

REQUEST FOR EXTENSION OF TIME

TO THE COMMISSIONER FOR PATENTS:

Applicants respectfully request that the shortened statutory period for response to the Final Office Action mailed July 20, 2006, now set to expire on October 20, 2006, be extended three (3) months to expire on January 20, 2007 (Petition to Revive enclosed).

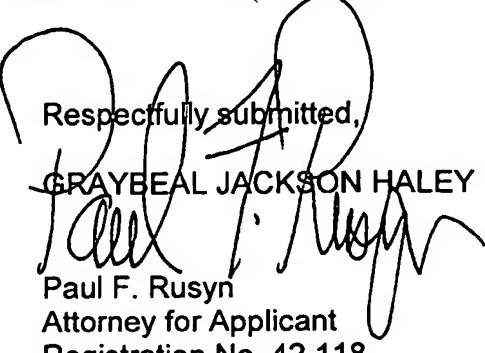
Enclosed is our check no. 27264 in the amount of \$1360.00 (including \$570 for the difference between the previously paid two-month extension and the current three-month extension). Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

08/07/2007 CKHLOK 00000005 10608855

00 F001253 570.00 OP

Adjustment date: 08/07/2007 CKHLOK 00000005 10608855
08/13/2007 CKHLOK 00000005 10608855
01 F001253 -570.00 OP

Ref. No. Ref: 08/07/2007 CKHLOK 0010122500
DN 071897 Name/Number:10608855
F00 9204 \$570.00 CR

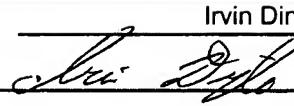

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	08/07/07	2 Serial/Patent #	10/608,855
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time 1253		02/12/07	\$ 570.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 570.00
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment	X	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment	X	9	0 7 -- 1 8 9 7
<input checked="" type="checkbox"/> No Fee Due (Explanation): The extension of time period is over, no extension fee is due.			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		Irvin Dingle	
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OFFICE:		Petitions	
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APPROVED:		DATE: 8/7/07	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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